

AORN Journal Index to Volume 49-50 January- December 1989

This index is divided into two sections, the Author Section and the Subject Section. Articles are entered under the name of the author(s) in the author Section and under one or more subjects in the Subject Section. Organizations appear in the Subject Section. AORN recommended practices are entered under the appropriate subjects(s) and under "AORN" in the Subject Section. Subject headings are taken from the Cumulative Index to Nursing & Allied Health Literature.

Abbreviations used in this index:

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|---------|-----------------------|
| BR | Board Report |
| CI | Clinical Issues |
| EC | Elder Care |
| Ed | Editorial |
| HR | Headquarters' Report |
| jt auth | Joint author |
| Law | OR Nursing Law |
| Legis | Legislation |
| O | Opinion |
| PI | Practical Innovations |
| PM | President's Message |

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RUTH E. GILBERT, M.L.S.

Psychiatric Link Found in Syncope

Psychiatric disorders may be responsible for triggering some cases of syncope, according to the Aug 28, 1989, issue of the *Medical World News*. A University of Pittsburgh physician reported that incidences of somatization, panic, and anxiety disorders were significantly higher in young, healthy patients who experienced syncope of unknown origin. He admitted, however, that results of additional studies showed a comparable occurrence of the same symptoms in a matched population with no episodes of syncope.

In the original study, 175 patients underwent a standard psychiatric evaluation and an extensive medical examination. It showed that 26 cases of syncope had a cardiac cause, 64 had an identifiable noncardiac cause, and 85 were of unknown origin. Forty-two of the patients also tested positive for psychiatric disorders. Patients with syncope of unknown origins experienced panic and anxiety disorders more frequently than patients with syncope of known origins.

The patients who tested positive were all women, and the majority had more than five syncope episodes during the year before their examination.

